

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

273

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Drive, Third Floor Baton Rouge, Louisiana 70808. Phone (225)763-8777 or 1(800)442-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY
Postmark Date: 1/16/03

LSupp

1/16/03
KJL

1. NAME Fusilier

Last

Julie

First

A.

MI

2. BUSINESS PHONE 225-383-8038

3. BUSINESS ADDRESS 835 Louisiana Ave., Baton Rouge, LA 70802
Street and No. 835 City Baton Rouge State LA Zip 70802

MAILING ADDRESS Same as Above Street and No. Same as Above City Same as Above State Same as Above Zip Same as Above

4. EMPLOYER Self

5. EMPLOYER'S ADDRESS Same as Above Street and No. Same as Above City Same as Above State Same as Above Zip Same as Above

6. Have you ceased or terminated all lobbying activities requiring registration? Yes No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Diesel Development Corp.

Address 2931 Grand Point Hwy., Breaux Bridge, LA 70517

Business or purpose Video Poker

New Representation

Does this person pay you? Yes

If No, who pays you?

Terminated Representation as of

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2. Name LA Health Service & Indemnity Company d/b/a Blue Cross
and Blue Shield of Louisiana
Address 5525 Reitz Avenue, Baton Rouge, LA 70809-3802

Business or purpose Insurance

New Representation

Does this person pay you? Yes

If No, who pays you?

Terminated Representation as of _____

3. Name HMO Louisiana, Inc.

Address 5525 Reitz Avenue, Baton Rouge, LA 70809-3802

Business or purpose Insurance

New Representation

Does this person pay you? No

If No, who pays you? LA Health Service & Indemnity Co.

Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist

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2. Name Southern National Life Insurance Company, Inc.
Address 5525 Reitz Avenue, Baton Rouge, LA 70809-3802.
Business or purpose Insurance

 New RepresentationDoes this person pay you? NoIf No, who pays you? LA Health Service & Indemnity Co. Terminated Representation as of _____

3. Name Louisiana Surplus Lines Association
Address 415 DeMaine Street, New Orleans, LA 70116

Business or purpose Insurance New RepresentationDoes this person pay you? Yes

If No, who pays you? _____

 Terminated Representation as of _____**CERTIFICATION OF ACCURACY**

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Signature of Lobbyist